

MISSOURI TRANSFER FORM (MO-TF)

The Missouri Transfer Form (MO-TF) must be used when transferring any transferable Missouri Tax Credits administered by the Missouri Department of Economic Development. You must submit a separate MO-TF form for each tax credit transfer being requested. The sale or transfer of tax credits may have income tax consequences for the assignor and assignee. Consult your tax advisor.

ASSIGNOR										
Name of Assignor										
Federal ID No. (FEIN)	MITS/Missouri ID No.				SSN					
Contact Person				Title						
Address			City					State	Zip Code	
Telephone Number	Fax Number			E-mail						
TRANSFER										
Tax Credit Program	Approved Tax Benefit N			umbe	er:	(Of	fice use only) -	- AHAP New Tax Benefit Number		
Issued For the Calendar Year or Tax `				ear Beginning			, Ending			
Amount of Tax Credits Sold			Dis	scou	nt Rate		Sale Price			
\$						%	\$			
\$						%	\$			
\$					T	%	\$			
Total Amount of Credits to	о Ве Т	ransfer	red		\$					
CERTIFICATION										
 I certify that I am an authorized representative of the Assignor and as such am authorized to make the statement of affirmation contained herein. I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief. 								plicable records		
Assignor Signature			Title							
Print Name					Date					
	Ι.									
Notary Public Embosser Seal	Appeared before me this day of, 20, to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.									
	State of			<u>un p</u>		County (or City of St. Louis)				
Notary Public Name		ame	My Commission Expires		Use Rubber Stamp in Area Below					
	Notary Public Signature									

ASSIGN	EE											
Name of Assignee												
Federal ID No. (FEIN) MITS/Mis			issouri ID No.				SSN					
Contact Person					Title							
Address				City					State Z		Zip Code	
Telephone Number Fax Number				E-mail								
Assignee Type (circle one)												
C Corp	S Corp	LLC	Sole Proprietor Partner			hip	p Individual Indiv Filing a Jo			Return Other		
If the taxpayer is a Partnership, S-Corporation, or other entity with a flow through tax treatment, identify the names, social security numbers and proportionate share of ownership of each beneficiary, partner or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary. If an Individual - Filing a Joint Return list the Primary and Secondary Names and Social Security Numbers below.												
Tillig a Jo	int Return	Name(na secon	idary rvain		Social Security Numbers below			% Ownership Year End		
		_ 100(~)					y = 1022220 02		, , ,		%
												%
												%
												%
												%
												%
 I certify that I am an authorized representative of the Assignee and as such am authorized to make the statement of affirmation contained herein. I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief. 												
Assignee Si	gnature						Title					
Print Name							Date					
Notary Pub	lic Embosse	r Seal	Appe	ared bef	fore me th	nis	day			_, 20_	,	
			to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.									
			State o			·	1		unty (or City	of St.	Louis)	
			Notary	Public N	ame		My Commission Expires	ı Use	Rubber Star	mp in	Area Belov	v
			Notary	Public S	ignature							

Mail the MO-TF Form to the appropriate address referenced tredits were originally issued.	renced below with regards to the program for which tax					
Missouri Department of Economic Development P.O. Box 118, Room 720 Jefferson City, MO 65102 573-751-0717 Business Facility Tax Credits	Missouri Department of Economic Development P.O. Box 118, Room 770 Jefferson City, MO 65102 573-522-6155 Brownfield Remediation Tax Credit					
Certified Capital Companies (CAPCO) Tax Credits Enhanced Enterprise Zone Tax Credits Development Tax Credits	Community Bank/CDC Tax Credit Dry Fire Hydrant Tax Credit Historic Preservation Tax Credit - issued after 8/28/1998					
Film Production Tax Credits New Enterprise Creation Act / Prolog Ventures Rebuilding Communities Tax Credit	Neighborhood Preservation Act Transportation Development Tax Credit					
Seed Capital Tax Credit Small Business Investment Capital Tax Credits Small Business Incubator Tax Credit						
Sinair Business Incucator Tair Crear						
Missouri Housing Development Commission Attn: Jane Anderson 3435 Broadway, Kansas City, MO 64111 816-759-6662	Missouri Development Finance Board P.O. Box 567 Jefferson City, MO 65102 573-751-8479					
Affordable Housing Assistance (AHAP)	Bond Guaranty Tax Credit Infrastructure Development Funds Tax Credit					